DEPARTMENT OF THE ARMY
OFFICE OF THE SURGEON GENERAL
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REPLY TO
ATTENTION OF

DASG-PPM-NC

09 JUL 2002

MEMORANDUM FOR SEE DISTRIBUTION

SUBJECT: Post-deployment Screening for Latent Tuberculosis Infection (LTBI)

1. References:

a. Memorandum from Office of the Chairman, The Joint Chiefs of Staff, MCM-0006-12, Updated Procedures for Deployment Health Surveillance and Readiness, 1 Feb 2002.

b. AR 40-5, Preventive Medicine, 15 Oct 90.

c. AR 40-66, Medical Records Administration and Health Care Documentation, 3 May 99.

d. World Health Organization Report 2002 - Global Tuberculosis Control: Surveillance, Planning, Financing. At: http://www.who.int/gtb/publications/globrep02/index.html

e. American Thoracic Society: Treatment of Tuberculosis and Tuberculosis Infection in Adults and Children, 1993.

f. American Thoracic Society: Diagnostic Standards and Classification of Tuberculosis, 1999.

g. Core Curriculum on Tuberculosis, U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for HIV, STD, and TB Prevention, Division of Tuberculosis Elimination, Fourth Edition, 2000. Available for download at: http://www.cdc.gov/nchstp/tb/pubs/corecurr/.

h. Morbidity and Mortality Weekly Report: Centers for Disease Control and Prevention. Targeted Tuberculin Testing and Treatment of Latent Tuberculosis. MMWR 2000,49:RR-6.

2. The purpose of this memorandum is to provide guidance on screening for latent tuberculosis infection (LTBI) in personnel redeploying from overseas locations.

a. This guidance applies only to military and civilian personnel supporting deployments IAW ref a, in which a deployment is defined as a troop movement resulting from a Joint Chiefs of Staff/combatant command deployment order for 30 consecutive days or greater to a land-based location outside the United States which does not have a permanent military medical treatment facility.

b. The following areas are considered low threat areas for tuberculosis. Personnel who have deployed only to these locations do not require TB skin testing upon redeployment:

(1) Canada, Greenland, Iceland
(2) Cuba (Note: Personnel involved in detainee operations are required to undergo screening for LTBI IAW this memorandum)
(3) Chile, Costa Rica, French Guiana
(4) British Isles
(5) Norway, Sweden, Finland, Denmark, France, Belgium, Netherlands, Luxembourg, Monaco, Switzerland, Austria, Germany, Czech Republic, Italy, Greece, Cyprus
(6) Australia, New Zealand
(7) Lebanon, Libya, Jordan, United Arab Emirates, Oman, Qatar
(8) Libya

3. Redeploying soldiers will have a tuberculin skin test (TST) performed at the time of redeployment and again between 3 and 6 months after redeployment. The first test will identify soldiers who were infected with *Mycobacterium tuberculosis* during the early period of a deployment. The 3-6 month test will identify individuals who were infected with *M. tuberculosis* late during a deployment, but whose skin test is falsely negative at the time of redeployment. Three months is a sufficient period for those with recent infection to develop a positive TST reaction.

a. Based upon medical capabilities in a theater of operations, deployed medical assets may administer and read TSTs for personnel who are scheduled to redeploy within 10 days. As appropriate, deployed medical assets will document the date and results of the TST in block 9p, "PPD", on DD Form 2766, Adult Preventive and Chronic Care Flowsheet.

b. Home stations and processing stations that receive redeploying personnel will assess the need to complete TST testing. If a test was completed within 10 days prior to redeployment additional testing is not required at this time; assure that tests and results are documented in health records and MEDPROS. If a TST was not performed prior to redeployment (or if documentation is insufficient), a TST will be performed at the processing or home station ASAP after arrival. Home and processing stations will assure that TSTs are administered and read IAW reference g and that testing data are documented in health records and in MEDPROS (see paragraphs 7 and 8 below).

c. For personnel who have a negative TST result at the time of redeployment, an additional TST will be administered at least 3 months but not later than 6 months after redeployment.

4. TST Exemptions. Individuals with a documented previous "positive" TST and who have been medically evaluated for that positive result do not require additional testing. Nonetheless these individuals will be queried about signs and symptoms of active TB infection (eg, fever, cough, night sweats) and will be referred, if indicated, for further medical evaluation. For individuals with no signs or symptoms of TB infection, a dated entry will be made on a Standard Form 600 in the health record stating: "Post-deployment Tuberculosis Evaluation: No signs or

symptoms of active disease". A designated member of the medical staff supporting the medical processing activity will sign this entry.

5. The standard TST used by the US Army Medical Department is the Mantoux test.

a. The Mantoux test is the intradermal injection of 0.1 ml of purified protein derivative (PPD) tuberculin containing 5 tuberculin units (TU).

b. Administration, classification and interpretation of reactions to the Mantoux test will be IAW reference g.

c. The area of induration (palpable raised hardened area) around the site of injection is the reaction to tuberculin. The diameter of the indurated area should be measured across the forearm (perpendicular to the long axis). Erythema (redness) should not be measured. All reactions should be recorded in millimeters, even those classified as negative. If no induration is found, "0 mm" should be recorded. Reactions as small as 5 mm may be classified as "positive", depending on the presence of various risk factors. A tuberculin skin test conversion is defined as an increase of $\geq$10 mm of induration within a 2-year period regardless of age.

6. Referral. All military and civilian personnel with a TST skin test reaction of 5 millimeters or greater will be referred to Army Community Health Nursing or the Military Medical Support Office to receive a medical evaluation IAW local procedures. Careful assessment to rule out the possibility of TB disease is necessary before treatment for LTBI is started. This assessment will normally include a chest radiograph (x-ray). A line of duty (LOD) determination will be initiated for RC personnel. The current unit of assignment will perform administrative processing of the LOD. For RC personnel with a positive TST following a deployment, the determination will be LOD-Yes.

7. Documentation.

a. The test result (in millimeters), manufacturer and lot numbers for all TSTs will be documented in individual health records.

b. TST data (date, provider, lot number, and route of administration) will be entered into the Medical Protection System (MEDPROS) database of the Military Occupational Database System (MODS) for all personnel. Individuals with previous, positive test results (IAW CDC guidelines) will have the medical exemption code "Medical Permanent (MP)" entered into MODS/MEDPROS, to document that no further testing is required.

8. MODS/MEDPROS Administration.

a. Data entry into MODS/MEDPROS may be accomplished using the MEDPROS web base (www.mods.army.mil), the MODS mainframe, or other systems/processes in coordination with the MODS Support Team. Data entry support may be obtained from the MODS Help Desk at DSN 761-4976, Commercial (703) 681-4976 or (888) 849-4341.

b. Upon redeployment, deployment-related fields will be updated in MODS/MEDPROS. These fields include:

- Date of departure
- Date of return
- Deployment location, and
- Name of the operation.

c. Active component medical treatment facility commanders, USAR RSC Surgeons, and ARNG State Surgeons are responsible for ensuring that TST and deployment-related data are entered into MEDPROS.

9. The figure at the Enclosure diagrams the process by which deployed RC personnel are tested for LTBI upon redeployment.

10. My point of contact for this action is COL Jeffrey Gunzenhauser in the Proponency Office for Preventive Medicine, E-mail Jeffrey.Gunzenhauser@otsg.amedd.army.mil, DSN 761-3160, comm. 703-681-3160.

Encl
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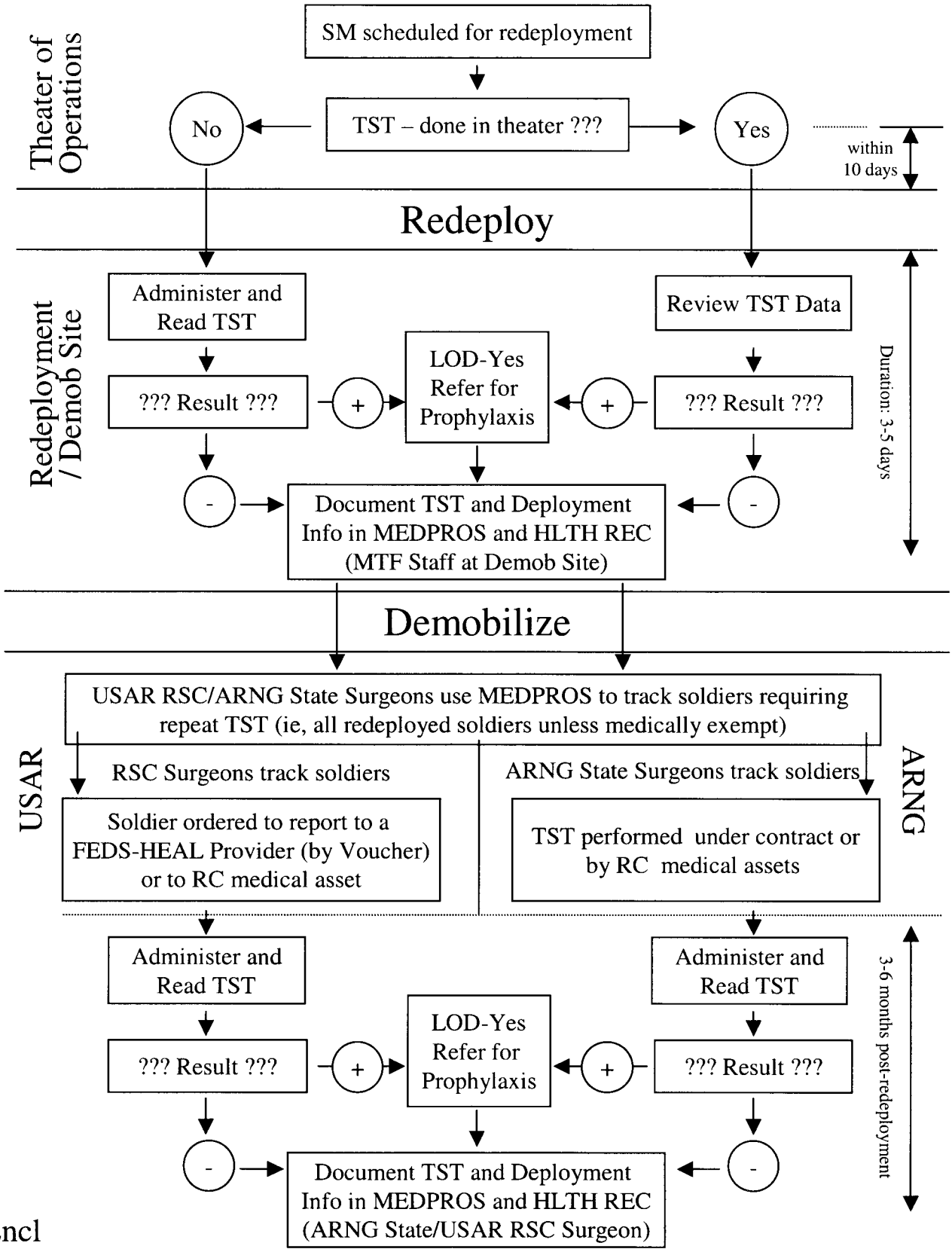
Redeployment Tuberculosis Skin Testing (TST)
USAR / ARNG Personnel



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